

West Virginia Health Innovation Collaborative
Better Value Work Group – July 15, 2015

WVU TELEPSYCHIATRY

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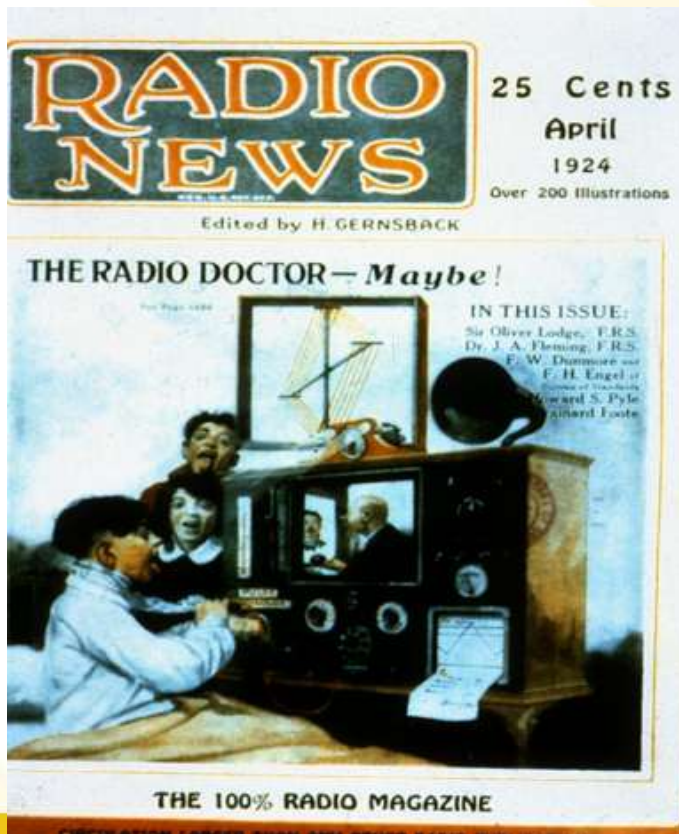
OBJECTIVES

- Introduction - West Virginia University Telepsychiatry Program
- Quality and efficacy of telemedicine/psychiatry
- Impact on healthcare costs with use of telemedicine/psychiatry
- Spotlight on telepsychiatric child and adolescent mental health services



WHAT IT ISN'T...

Radio News Mag - 1924



Univ. of Nebraska - 1950





WVU Telepsychiatry

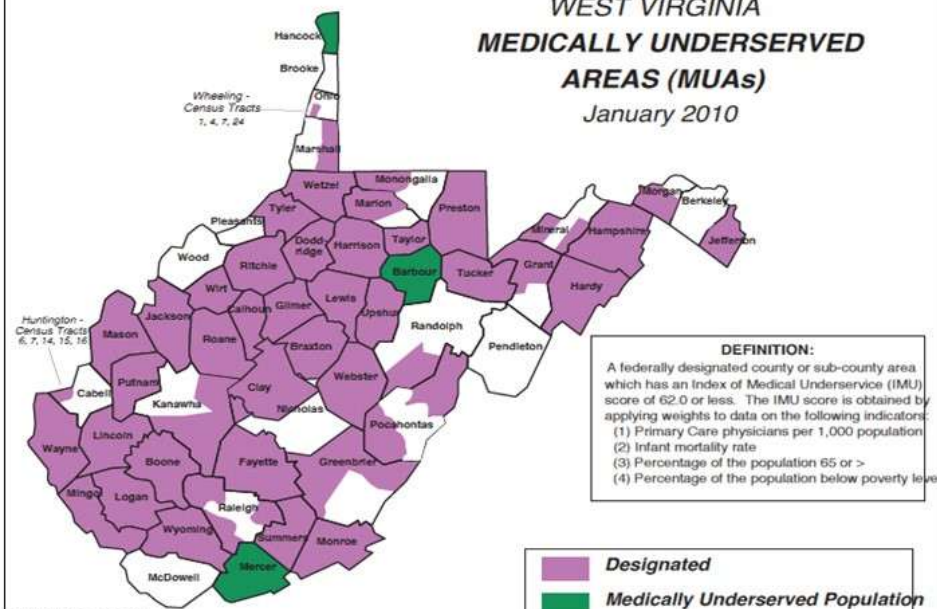
HOW IT WORKS?



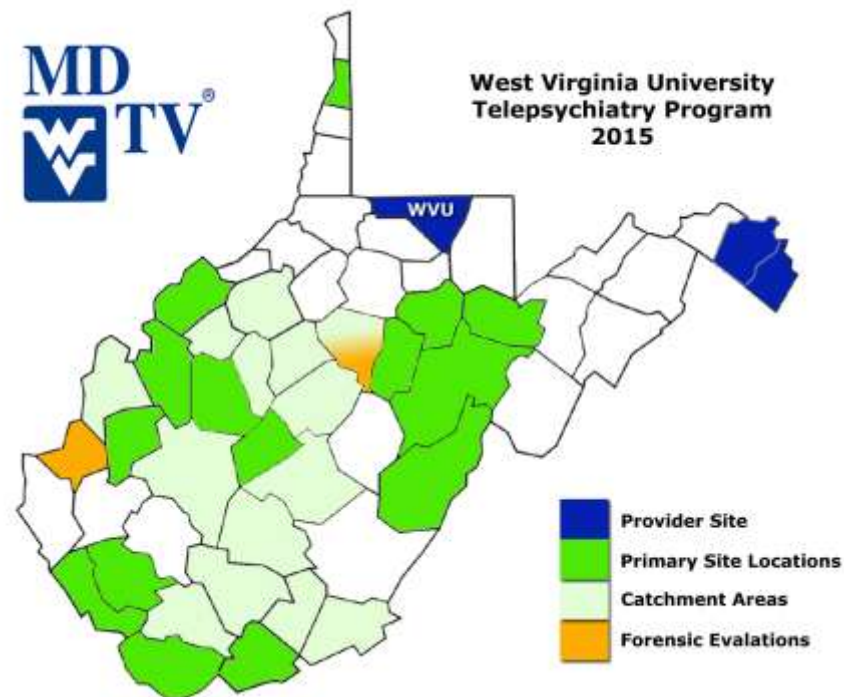
WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF BEHAVIORAL MEDICINE & PSYCHIATRY

WEST VIRGINIA MEDICALLY UNDERSERVED AREAS (MUAs)

January 2010



West Virginia University Telepsychiatry Program 2015



PROGRAM DEVELOPMENT

September 2009

First adult
telepsychiatry
clinic, Westbrook
(Roane County)

DHHR Funded

November 2011

Child psychiatry &
addiction services
added

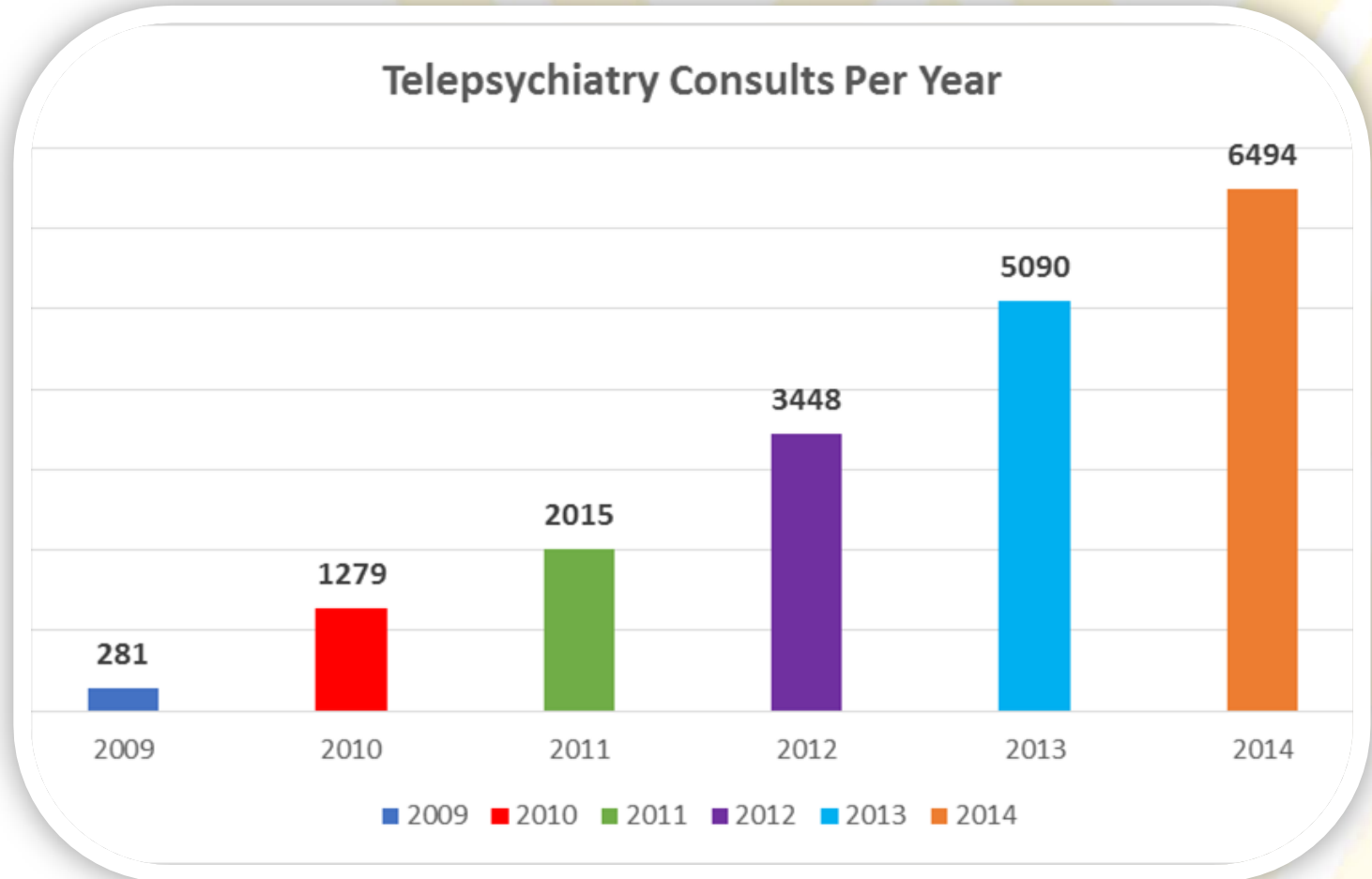
Total clinics
funded by DHHR
are ***

September 2012

HRSA 4 year
grant funding
awarded for
further clinical
expansion



WVU TELEPSYCHIATRY



PROGRAM OVERVIEW

- Total 148 hours of services weekly
 - 140 hours of clinical services
 - 35 half-day clinics
 - Presently in 16 rural counties with significant service overlap
 - 8 hours of educational training for faculty and trainees.



PROGRAM OVERVIEW

- OUTPATIENT
 - General Adult Psychiatry
 - Child and Adolescent Psychiatry
 - Addiction Psychiatry (MAT)
 - Private psychotherapy
- INTENSIVE OUTPATIENT
 - ACT, Structured outpatient
- INPATIENT
 - Juvenile Residential Treatment
- INPATIENT FORENSIC
- TRAINEE EDUCATION
- MISCELLANEOUS
 - Narcotics Anonymous meetings
 - Family therapy



PROGRAM FUNDING

- West Virginia DHHR Bureau for Behavioral Health and Health Facilities
- “West Virginia Rural Telepsychiatry Expansion and Health Monitoring Project.” Grant H2ARH4768, HRSA Office for the Advancement of Telehealth, DHHS, 2012 – 2016.
- Direct contract



Telemedicine

QUALITY AND EFFICACY



BAROMETERS OF SUCCESS

- Is telemedicine care efficacious and equivalent to in-person care?
- Do patients and providers accept the delivery of care via telemedicine?
- Is this a cost effective means of healthcare delivery?



ATA OUTCOMES REPORT

- American Telemedicine Association Report on Research Outcomes (Healthcare Cost & Quality) – April 2015
 - Cost effectiveness
 - Quality of care
 - Patient satisfaction



COST EFFECTIVENESS

“Most of the peer-reviewed research about the cost effectiveness of telemedicine...are relatively new.... These studies are consistent in finding that telemedicine saves the patients, providers and payers money when compared with traditional approaches to providing care. Many of these studies assess the cost effectiveness of specific telemedicine applications.”



QUALITY OF CARE

“Scientific studies...indicate that the use of telemedicine for such applications as monitoring of chronic care patients or allowing specialists to provide care to patients over a large region have resulted in significantly improved care. For most telemedicine applications, studies have shown that there is no difference in the ability of the provider to obtain clinical information, make an accurate diagnosis, and develop a treatment plan that produces the same desired clinical outcomes as compared to in-person care when used appropriately.”



PATIENT SATISFACTION

“Patient satisfaction with the use of telemedicine... to connect with specialists and other health care providers in order to meet unmet medical needs has consistently been very high. Degrees of satisfaction may vary slightly with the specialty... The source of satisfaction for most patients is the ability to see a specialist trained in the area most closely related to the patient’s condition, the feeling of getting personalized care from a provider who has the patient’s interest in mind, and the ability to communicate with the provider in a very personal and intimate manner over the telecommunications technologies.”



PSYCHIATRIC EFFICACY

- Janca, 2000. Telepsychiatry: An update on technology and its implications. *Current Opinion in Psychiatry* 13: 591-7.
 - “Early research demonstrated that the psychiatric interview conducted over videoconferencing is reliable for diagnostic assessment and treatment recommendations.”
 - Retrospective review of medical records comparing clinical outcomes of patients seen by [interactive TV] (IATV) and those in-person suggested use of telepsychiatry did not affect clinical outcome.



PSYCHIATRIC EFFICACY

- Ruskin et al; Treatment Outcomes in Depression: Comparison of Remote Treatment through Telepsychiatry to In-Person Treatment; American Journal of Psychiatry, 2004, 161:8, 1471-1476.
 - Randomized, controlled trial, 119 depressed veterans referred for outpatient treatment, randomly assigned to remote treatment by telepsychiatry or in-person treatment with 6 months of medication, psychoeducation and brief counseling.
 - Remote treatment of depression and in-person treatment of depression have comparable outcomes and equivalent levels of patient adherence, patient satisfaction, and health care cost.



PSYCHIATRIC EFFICACY

- O'Reilly et al.; Is telepsychiatry equivalent to face-to-face psychiatry? Results from a randomized controlled equivalence trial. Psychiatry Services. 2007 Jun;58(6):836-43.
 - 495 patients referred from PCP for psychiatric consultation in Ontario were randomly assigned (in person v. telepsychiatry).
 - “Psychiatric consultation and [short term] follow-up delivered by telepsychiatry produced clinical outcomes that were equivalent to those achieved when the service was provided face to face. Patients in the two groups expressed similar levels of satisfaction with service. An analysis limited to the cost of providing the clinical service indicated that telepsychiatry was at least 10% less expensive per patient than service provided face to face.”
 - Was not applicable to psychotherapy which was not evaluated.



VA TELEMENTAL HEALTH

- Godleski et al., Outcomes of 98,609 U.S. Department of Veterans Affairs Patients Enrolled in Telemental Health Services, 2006–2010. *Psychiatric Services* 2012; 63(4): 383–385.
 - U.S. Department of Veterans Affairs 4 year study showed significant decreases in the number of inpatient psychiatric admissions and hospital stays for patients using telemental health services (~25%).
 - Since making mental health services more accessible through the use of telehealth, the VA had documented nearly 500,000 telemental health encounters in 2012.



VA TELEMENTAL HEALTH

- >1,400,000 Telemental Health encounters
- 2014 = Approximately 325,000 TMH encounters to 106,000 patients
- >20-fold = Increase in Telemental Health *annual* encounters
- • >150 Medical Centers and 530 clinics
-
- PATIENT SATISFACTION
- 30,000 surveys mailed with >60% return rate.
- 94% overall patient satisfaction



SUSTAINABILITY RELATED TO PATIENT SATISFACTION

- Travel (mileage, geographic and transportation barriers)
- Financial
 - Ability to see specialist locally & affordably.
 - Reduced absence from work
- Availability of specialist or provider – in the county, region or state?
- Cultural, language



Telemedicine

IMPACT ON HEALTHCARE COSTS



TELEMEDICINE VALUE

- The Value of Provider-to-Provider Telehealth Technologies, CITL HealthCare System, Inc, 2007.
 - This study examined specific telemedicine applications to estimate financial benefits to the nationwide implementation of each application.
 - For the use of telemedicine to join EMERGENCY ROOMS – Estimated reduction in transfers between emergency departments. Hybrid technologies would avoid 850,000 transports with a cost savings of \$537 million a year.
 - For the use of telemedicine in CORRECTIONAL FACILITIES – Estimated reduction in transporting patients to emergency departments and to physician offices, and by avoiding the costs of the emergency department visit. Hybrid technologies could avoid almost 40,000 transports to ER with a cost savings of \$60.3 million a year.
 - For the use of telemedicine in NURSING HOMES – Estimated reduction in transferring residents to emergency departments and physician offices, and by avoiding the costs of the emergency department visit. Hybrid technologies could avoid 387,000 transports with a cost savings of \$327 million. In addition, hybrid technologies could avoid 6.87 million transports with a cost savings of \$479 million.

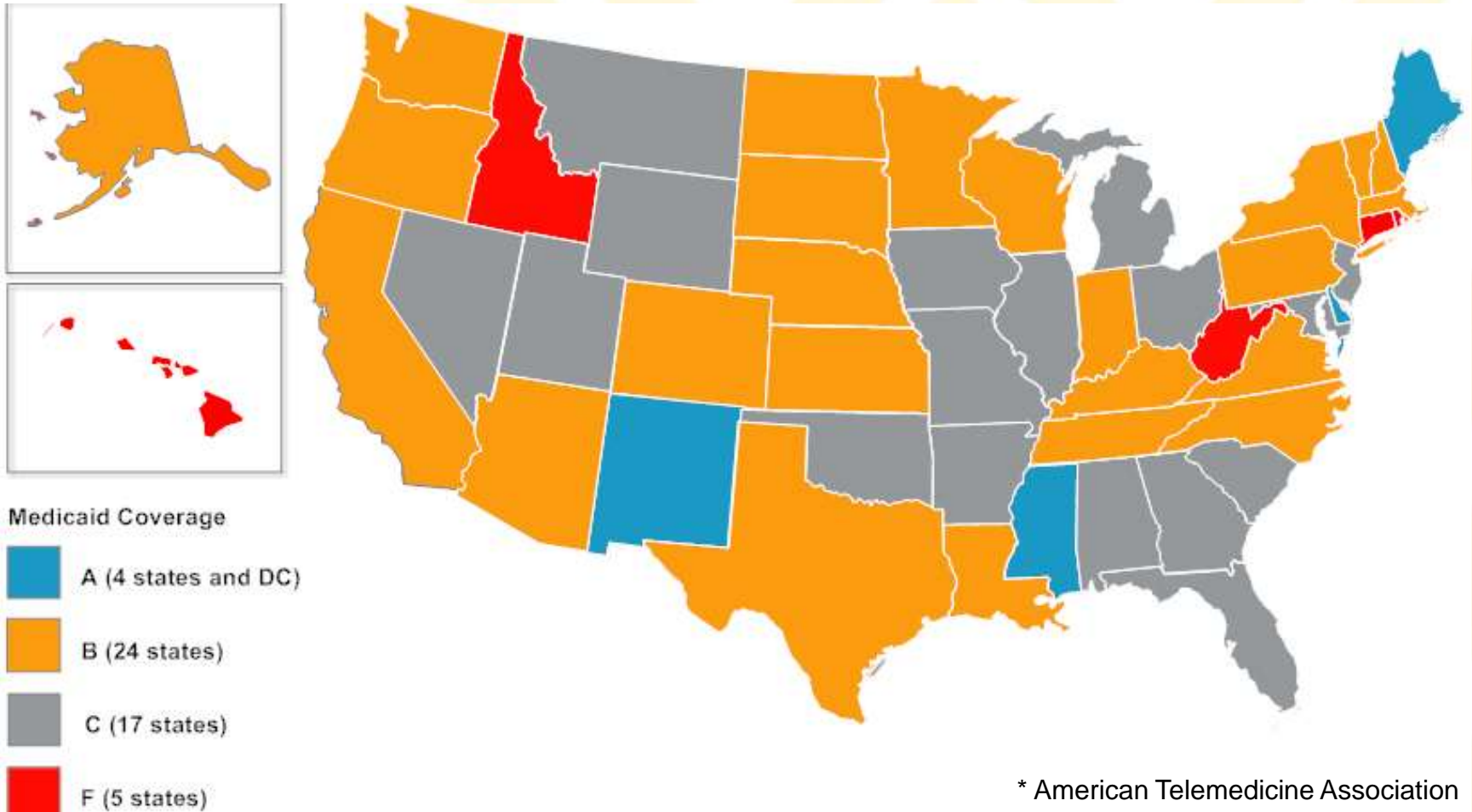


HEALTHCARE COSTS

- Cost savings vary based upon type of cost analyses performed (i.e., cost offset v. cost benefit v. cost effectiveness, etc.)
- From programmatic standpoint, may hinge upon consultation rate needed to “break even.”
- Locum tenens – higher cost, lower longevity, potential for less local knowledge
- Table 3 Review – 2013 Review article.



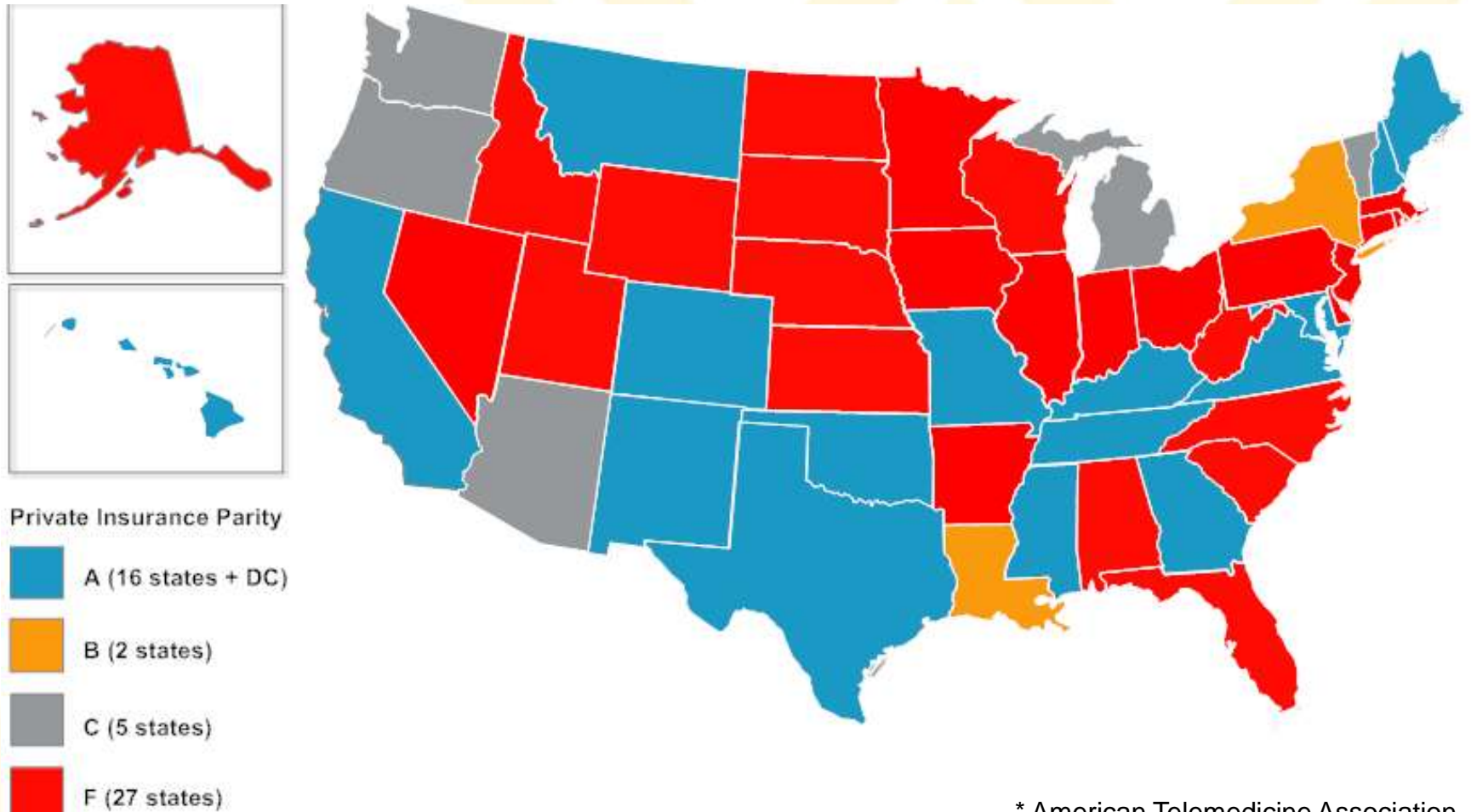
STATE RATINGS – MEDICAID POLICIES FOR TELEMEDICINE COVERAGE



* American Telemedicine Association



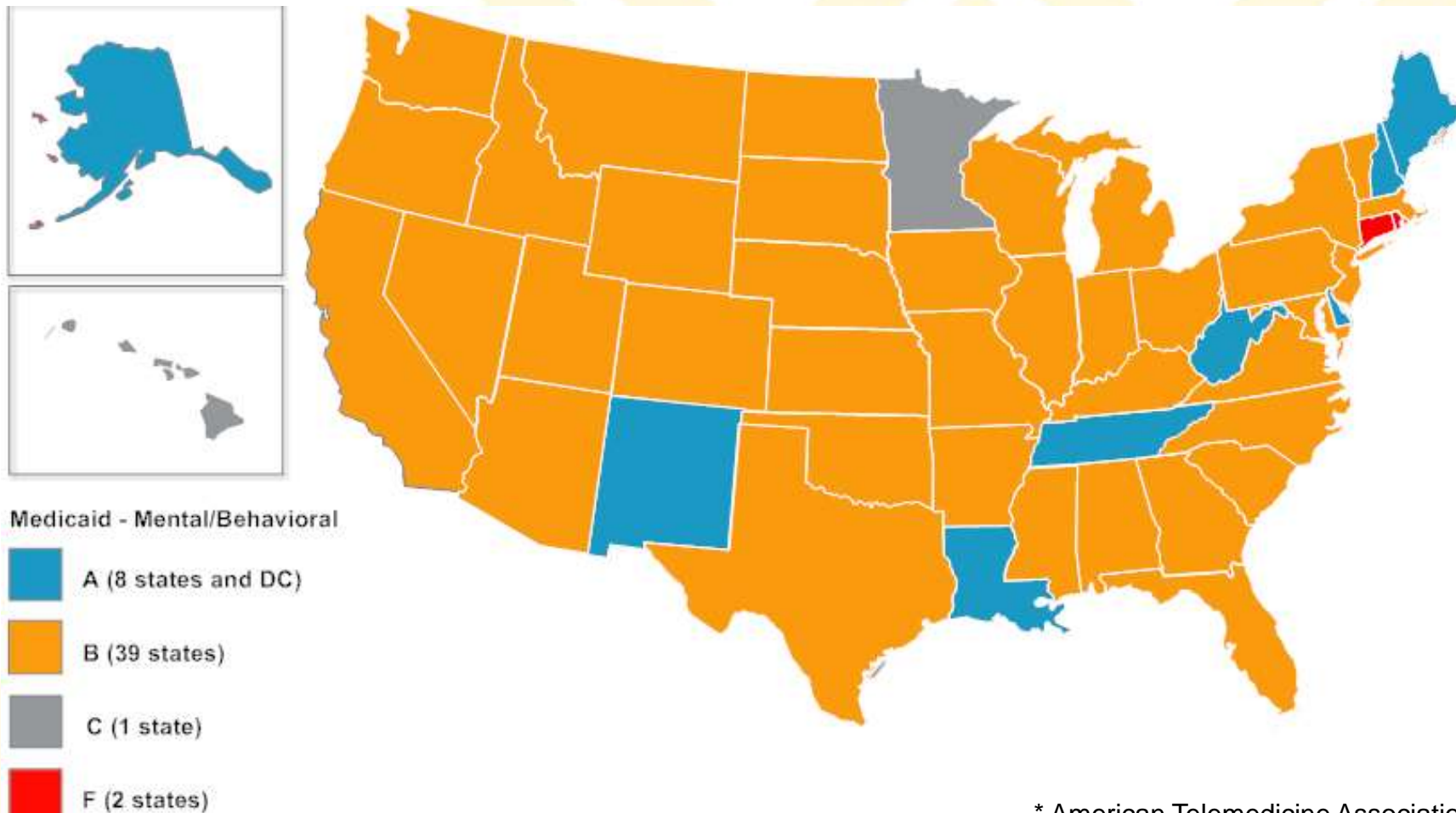
STATE RATINGS – PARITY LAWS FOR PRIVATE INSURANCE COVERAGE OF TELEMEDICINE



* American Telemedicine Association



STATE RATINGS – MEDICAID MENTAL AND BEHAVIORAL HEALTH SERVICES



* American Telemedicine Association



ATA REPORT CARD – WEST VIRGINIA

- Bordered by 2 states with private insurance parity laws: Kentucky and Virginia. No parity legislation introduced in 2015.
- Medicaid
 - Coverage is limited to originating sites located in non-metropolitan professional shortage areas for services listed under the physician benefit. This restriction does not apply to telemedicine services provided under the mental and behavioral health benefit. WV Medicaid encourages providers to use telemedicine to enhance access to mental and behavioral health services.
 - Coverage for interactive audio-video only.
 - Requires telepresenter on patient site premises and unspecified form of consent only for behavioral health services.



ATA REPORT CARD – WEST VIRGINIA

- MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:
 - Patient Setting – C
 - Eligible Technologies – F
 - Distance or Geography Restrictions – C
 - Eligible Providers – C
 - Physician provided Services B
 - **Mental/Behavioral Health Services – A**
 - Rehabilitation – F
 - Home Health – F
 - Informed Consent – B
 - Telepresenter - B
- PARITY:
 - Private Insurance – F
 - Medicaid – F
 - State Employee Health Plan – F
- INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:
 - Medicaid Managed Care
 - Covers weight management services (incl preventative counseling, exercise classes and nutritional counseling). Only state to allow exercise physiologists and trainers as distant site providers.
 - Health Home



ATA STATE TELEMEDICINE GAPS

“Our analysis indicates that decades of evidence-based research highlighting positive patient compliance, clinical outcomes and increasing telemedicine utilization have been met with a mix of strides and stagnation in state-based policy.”

-Latoya Thomas, Director, ATA State
Policy Resource Center



WVU SUSTAINABILITY

- “Sara” began treatment in Clay County in 2012 via Telepsychiatry. The clinic dissolved, and she transferred to CRC for continuity of care. Due to life events, she moved to Southern WV and chose to continue care in our Mercer County COAT clinic. She has continued with the same provider since 2012. She has over 2 years opioid free.
- “The services of WVU save our clients not only time, but significant money in travel expenses related to specialty care. Services may not be obtainable to many of our clients if they were required to travel outside of the counties...I also believe that this program offers our staff a great opportunity to continue providing a high standard of care within our counties.”



WVU COST SAVINGS - MILEAGE

- From September 1, 2012 to August 31, 2014, mileage saved was tracked for HRSA expansion clinic patients (3 clinic sites, 12 hours weekly)
- 1,523,336 miles saved
- Total cost savings translated to patients, based upon gas at \$2.79/gallon:
 - \$4,250,107 patient savings in travel.



SUSTAINABILITY RELATED TO PATIENT SATISFACTION

- Travel (mileage, geographic and transportation barriers)
- Financial
 - Ability to see specialist locally & affordably.
 - Reduced absence from work
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- Cultural, language



FOCUS:

CHILD & ADOLESCENT TELEPSYCHIATRY SERVICES



CHILDREN & TECHNOLOGY

- The Effectiveness of Telemental Health: A 2013 Review
 - “Some [studies] have noted that with some populations (i.e., children and adolescents), telepsychiatry may be better than in-person services because of the novelty of the interaction, direction of the technology, the psychological and physical distance, and the authenticity of the family interaction.”
 - Autism spectrum disorders, trauma.



SATISFACTION & SUSTAINABILITY

- Myers, Valentine, Melzer; Feasibility, acceptability, and sustainability of telepsychiatry for children and adolescents; Psychiatr Serv. 2007 Nov;58(11):1493-6.
 - Primary care physicians “sustain a hidden mental health network” in nonurban areas. Studied by Univ. of Washington SOM to four rural sites.
 - 3 C&A psychiatrists had 387 encounters for 182 youths referred from pediatricians and family medicine practitioners.
 - Providers very satisfied with access and care.



SUSTAINABILITY (CONT)

- Initially funded by Office of Advancement of Telehealth (2000-2005), then converted to fee for service. Negotiated with WA Medicaid & commercial payers.
 - Of those payers that reimbursed, face to face service payment was identical to telepsych.
 - Medicaid reimbursement was drastically suboptimal to private payers; however, most patients had Medicaid due to underserved area.
 - Suggested billing for hourly cost or including facility charge for both provider/patient sites to defray costs.



WVU CHILD & ADOLESCENT TELEPSYCHIATRY EXPERIENCE

- Ability to increase Child & Adolescent Psychiatrists in rural areas for outpatient encounters.
 - Decreases burden on local primary providers and partnership for better collaboration in care
 - Anecdotally, decreased hospitalizations & ER visits due to triage and management.
 - Ultimately, decreased unnecessary referrals to residential treatment facility level of care.



WYOMING CHILD CONSULT MODEL

- University of Washington and Wyoming Medicaid partnered together in 2011 to develop consult team to target three problem areas:
 1. High dose psychotropic meds to children under age 5.
 2. Long term psychiatric hospitalizations felt to be related to lack of outpt child psychiatrist
 3. Increased level of PRTF days.
- Funded by Wyoming Dept. of Health



WYOMING MODEL

- Three part consultative service:
 - Televideo consults for MDT for pre-consult placement plan evaluation.
 - Second opinion medication review by phone with prescribing provider.
 - Elective telephone consultations staffed by child psychiatrist to all WY medical providers
 - Also provided televideo consult appointments or referral assistance.



WYOMING CONSULT RESULTS

- 229 televideo MDT consults, 125 second opinion reviews, 277 elective PAL consults.
- Of 62% initially planned to enter PRTF, only 40% were admitted after consult.
- Number of children <5 prescribed psychotropics decreased 42%.
- Net savings (cost avoided – operating expenses) - \$1.6 million; return on investment 1.82 to 1



- Hill, Barclay et al. “A Statewide Child Telepsychiatry Consult System Yields Desired Health System Changes and Savings.” Telemed J E Health. 2015 Jul;21(7):533-7. doi: 10.1089/tmj.2014.0161. Epub 2015 Mar 23.



“A new generation of studies on telemedicine has replaced the ‘primary’ view of telemental health as a new and different way of providing health services to a contemporary view that it is a vehicle for providing care that is here to stay.”

“The Effectiveness of Telemental Health: A 2013 Review.”





QUESTIONS?

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